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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) 1104-767																													
Application Number 10/659,462		Filed September 10, 2003																													
For Kasting, "INVERTED DISPENSING PUMP"																															
Art Unit 3754		Examiner Derakshani, Phillipe																													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ <u>1020</u></td> </tr> <tr> <td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>45,082</u></p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>45,082</u></p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center;"> <u>/Charles P. Schmal #45,082/</u> Signature </td> <td style="width: 50%; text-align: center;"> <u>June 15, 2006</u> Date </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <u>Charles P. Schmal, Reg. No. 45,082</u> Typed or Printed Name </td> <td style="width: 50%; text-align: center;"> <u>(317) 634-3456</u> Telephone Number </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ <u>1020</u>	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____	<u>/Charles P. Schmal #45,082/</u> Signature	<u>June 15, 2006</u> Date	<u>Charles P. Schmal, Reg. No. 45,082</u> Typed or Printed Name	<u>(317) 634-3456</u> Telephone Number
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